

**FAMILY DAY CARE ORIENTATION CONFIRMATION
GROUP DAY CARE VOLUNTEER TRAINING CONFIRMATION**

Use of form: Completion of this form meets the requirements of HFS 45.03(2)(a) and HFS 46.05(1)(i)(3) of the Wisconsin Administrative Rules. It may be used to confirm compliance with orientation requirements for employees, volunteers, substitutes and emergency back-up providers in family day care centers and volunteer training requirements in group day care centers. Personally identifiable information on this form will be used only to verify that training requirements have been met.

Instructions: Sign and date the appropriate section below.

ORIENTATION / TRAINING CONFIRMATION

_____ has completed the required
Name - Family Day Care Employee, Substitute / Emergency Back-Up / Volunteer
orientation on SIDS risk reduction procedures before caring for children.

OR

_____ has completed a minimum of
Name - Group Day Care Volunteer
two hours of training in day care programming and procedures before working in the center.

SIGNATURE - Trainee

Date Signed

SIGNATURE - Trainer

Date Signed